

"FEE ADDRESS" INDICATION FORM**Address to:**

Mail Stop M Correspondence
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the following address:

☒ Customer Number: 45274

OR

☐ Request for Customer Number (PTO/SB/125) attached hereto

in the following listed application(s) for which the Issue Fee has been paid or patent(s).

PATENT NUMBER (if known)	APPLICATION NUMBER
	10/774,340

Completed (check one)

☐ Applicant/Inventor

Isaac M. Rutenberg
 Signature

☒ Attorney or Agent of record

Isaac M. Rutenberg, Reg. No. 57,419
 Typed or printed name

☐ Assignee of record of the entire interest. See
 37 CFR 3.71. Statement under 37 CFR 3.73(b)
 is enclosed. (Form PTO/SB/96)

(650) 251-7700
 Customer's telephone number

☐ Assignment recorded at Reel *, Frame *

September 17, 2007
 Date

NOTE: Signatures of all the inventors or assignees or record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

☐ *Total of * forms are submitted.